

NC Registered Federal Committee Independent Expenditure Report

To be used by federal committees registered in NC to report all independent expenditures made to affect NC candidates or referenda.

1. Committee Information		
a. Committee Name	b. Mailing Address (include City, State and Zip Code)	c. NC BoE ID Number

2. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
e. Vendor Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
			\$

Candidate Full Name	Amount	Office Sought
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: ____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name	Amount	Office Sought
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: ____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name	Amount	Office Sought
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: ____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____

Referendum Name	Date	Level
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

3. Total Disbursements ALL Pages (sum all the '2f' entries on all disbursement pages)	\$

CERTIFICATION		
<p>Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee.</p>		
_____ Printed Name of Signer	_____ Signature of Appointed Treasurer	_____ Date